



**RECEIVED  
CENTRAL FAX CENTER**

**MAY 17 2006**

**North America  
Intellectual Property corporation**

**P.O. BOX 506, Merrifield, VA 22116, U.S.A.**

**Voice Mail: 302-729-1562 FAX:806-498-6673 e-mail:winstonhsu@naipo.com**

**FAX TO : POPOVICS, ROBERT J      ART UNIT: 1724**

**TEL : (571) 272-1164**

**FAX: (571) 273-8300**

**FROM : Winston Hsu, PATENT AGENT, REG. NO. : 41,526**

**SERIAL NO. : 10/710,370**

**ATTORNEY DOCKET NO.: LKSP0048USA**

**SUBJECT: Authorization to Act in a Representative Capacity Form**

**TOTAL PAGES : 2 PAGES (INCLUDING COVER PAGE)**

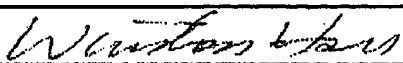
**Winston Hsu MAY 17 2006**

RECEIVED  
CENTRAL FAX CENTER

MAY 17 2006

Sample Form (09-04)

## AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

| In re Application of:<br>Wen-Ta Huang; Chen-Hung Hsien   |   |   |                     |             |        |
|--|---|---|---------------------|-------------|--------|
| Application No.<br>10/710,370  |   |   |                     |             |        |
| Filed:<br>07/06/2004   |   |   |                     |             |        |
| Title: METHOD OF REGENERATING FILTER MEDIA IN A FILTER   |   |   |                     |             |        |
| Attorney Docket No.<br>LKSP0048USA   | Art Unit:<br>1724   |   |                     |             |        |
| <p>The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Registration Number</th> </tr> </thead> <tbody> <tr> <td>Scott Margo</td> <td>56,277</td> </tr> </tbody> </table>   |   | Name                                      | Registration Number | Scott Margo | 56,277 |
| Name   | Registration Number   |   |                     |             |        |
| Scott Margo  | 56,277  |   |                     |             |        |
| <p>This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.</p> |   |   |                     |             |        |
| SIGNATURE of Practitioner of Record  |   |   |                     |             |        |
| Signature  |  | Date<br><b>MAY 17 2006</b>                |                     |             |        |
| Name   | Winston Hsu   | Registration No., if applicable<br>41,526 |                     |             |        |
| Telephone  | 302-729-1562  |   |                     |             |        |

This form offers a sample or suggested format for an authorization for an agent. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.